

**FEE TRANSMITTAL  
for FY 2002**


Patent fees are subject to annual revision.

Complete if Known

TOTAL AMOUNT OF PAYMENT (\$ ) 110

Application Number	09/904,154
Filing Date	07/12/2001
First Named Inventor	Adrianus J. van den Nieuwelaar
Examiner Name	Judith A. Nelson
Group / Art Unit	3644
Attorney Docket No.	V0028/260265

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)	
<b>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:</b>  Deposit Account Number: 11-0855  Deposit Account Name: KILPATRICK STOCKTON LLP  <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>3. ADDITIONAL FEES</b>	
<b>2. <input checked="" type="checkbox"/> Payment Enclosed:</b>  <input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other			
<b>FEE CALCULATION</b>			
<b>1. BASIC FILING FEE</b>			
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
101 740 201 370	Utility filing fee		
106 330 206 165	Design filing fee		
107 510 207 255	Plant filing fee		
108 740 208 370	Reissue filing fee		
114 160 214 80	Provisional filing fee		
SUBTOTAL (1)			(\$ ) 0
<b>2. EXTRA CLAIM FEES</b>			
Total Claims	-20 **	=	0
Independent Claims	-3 **	=	0
Multiple Dependent		=	0
Large Entity Fee Code	Small Entity Fee Code	Fee Description	Fee Paid
103 18 203 9	Claims in excess of 20		
102 84 202 42	Independent claims in excess of 3		
104 280 204 140	Multiple dependent claim, if not paid		
109 84 209 42	** Reissue independent claims over original patent		
110 18 210 9	** Reissue claims in excess of 20 and over original patent		
SUBTOTAL (2)			(\$ ) 0
**or number previously paid, if greater; For Reissues, see above			
		<b>Other fee (specify) _____</b>	
		*Reduced by Basic Filing Fee Paid	
		SUBTOTAL (3)	
		(\$ ) 110	

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Kristin L. Johnson	Registration No. Attorney/Agent	44,807
Signature		Telephone	404-815-6389
		Date	02/12/02

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